



DEPARTMENT OF LABOR, LICENSING AND REGULATION

## Lead Panel Member - DLLR Interview Reporting Form

(Please compile all panelist comments and submit completed forms to OHR for approval)

CLASSIFICATION AND GRADE/STEP: \_\_\_\_\_

DIVISION OFFICE AND ADDRESS: \_\_\_\_\_

	APPLICANT (LAST NAME, FIRST NAME, MIDDLE INITIAL)	AGE			INTERVIEW		H I S P A N I C	O R  Y / N	L A T I N O	R A C E	S E X	RANK (Score/INS/ DCL)	DECISION / OUTCOME EXPLANATION OR REMARKS: (Comments must be quantifiable from the MS22)
		A	B	C	D	E							
		B E L O W  40	40  To  70	O V E R  70	DATE (0/00/00)	HOW LONG							
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PANEL MEMBER:		TELEPHONE NUMBER			DATE REPORTED			TOTAL NUMBER OF ELIGIBLES SCREENED			DLLR/OHR 601(05/2014)		